Substitute for Form PTO-875 APPLICATION AS FILED - PART I									Application or Ooket Number			
	FOR NIMPER STATE					SMALL ENTITY			OR	OTHER THAN SMALL ENTITY		
[3	ASIC FEE 7 CFR 1.16(a), (b), or (c)) EARCH FEE	- MOENTILED		NUMBER EXTRA		RATE (\$)		FEE (\$)		RATE		
(3)	CFR 1.16(k), (i), or (m)) CAMINATION FEE					-]	14/15	"	FEE (\$)
TO	TAL CLAIMS					-						
INC	CFR 1.16(i))	 	ninus 20 =		\neg	×	-					
(37	CFR 1.16(h))	minus 3 =				×			OR	х	=	
1 766	PLICATION SIZE	sheets of pa	cation and di per, the appl	rawings exceed ication size fee	100 due	<u> </u>	-			x	=	
(37)	CFR 1 16(s))	additional so	choot-	ility) for each	- 1			- 1			1	
MUL	TIPLE DEPENDENT C	LAIM PRESENT	(37 CER 1 16)	d 37 CFR 1.16(s)							1
. 11 (1)	If the difference in column 1 is less than zero, enter "0" in column 2								Γ		1	
	APPLICATION AS AMENDED - PART II					TOTAL	L			TOTAL		
A.	(Column 1) (Column 2) (Column 2) CLAIMS REMAINING HIGHEST					SMAL	L ENT	ITY	OR	ОТНЕ	R THAN	
ENT	/O) AF	AINING TER DMENT	PAID F	ER PRESEN	VT [RATE (\$)	A	ADDI-	Γ	SMALL RATE (\$)	ENTITY	
OW IS	dependent	Minu	120) <u>=</u>	1	25	FE	ONAL EE (\$)		.0415 (3)	TION FEE	AL
1 w	Ophication Size Fee (37	Minu	3	= [71	(100) = (00)	-		IR X	.50=		
	RST PRESENTATION OF	MULTIPLE DEPEN	2544.0		JÉ	100		- ∫ °	R X	300 =	200.00	
		3000	DENT CLAIM	(37 CFR 1 16(J))	IJĻ			OF	\downarrow			
	(Column 1)					OTAL DO'L FEE		OF	TO	TAL D'L FEE		\dashv
8	CLAIN REMAIN AFTEI	IS ING	(Column HIGHES) NUMBER	3/						- I		\dashv
MENT	Total .	ENT Minus	PREVIOUS PAID FOR	Y EXTRA	F	MTE (S)	ADD	IAI	R/	ATE (\$)	ADDI-	7
Indep	endent .	Minus		=		=	FEE		-		FEE (\$)	1
Applic	cation Size Fee (37 CF	R 1 16(s))		=		=		OR	×			\exists
FIRST	PRESENTATION OF MUL	TIPLE DEPENDE	IT CLAIM (37	CFR 1 1600	-			OR	X	= +		4
					TOT			OR				7
· If the e	intry in column 1 is less Highest Number Previo	than the entry in	r celuma 2, w	ide "O un columna a	ADD	L FEE		OR	J'OTAL	FEE		7

* If the entry in column 1 is less than the entry in column 2, write 10 in column 3

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.

This collection of information is required by 37 CFR 1 16 The information is tellurially in the information is required by 37 CFR 1 16 The information is required to obtain or retain a benefit by the public which is to file (and by the on the amount of time you require to completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450.

ADDITED

**ADDITED*

If you need assistance in completing the form sall 1-500.PTO-9109 and select option 2